

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 38 / 45

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

National Multi Housing Council Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Bob Casey For Pennsylvania Committee

Mailing Address PO Box 22469

City Philadelphia State PA Zip Code 19110

Purpose of Disbursement

Candidate Name  
Mr. Bob Casey

Office Sought: ☐ House  
☒ Senate  
☐ President

State: PA District: 2

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 21572860

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
09 / 20 / 2007

Amount of Each Disbursement this Period

5000.00

011  
Category/  
Type

Full Name (Last, First, Middle Initial)

**B.** People For Pete Domenici

Mailing Address Post Office Box 93656

City Albuquerque State NM Zip Code 87199

Purpose of Disbursement

Candidate Name  
Sen. Pete V. Domenici

Office Sought: ☐ House  
☒ Senate  
☐ President

State: NM District: 1

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 21572859

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
09 / 20 / 2007

Amount of Each Disbursement this Period

5000.00

011  
Category/  
Type

Full Name (Last, First, Middle Initial)

**C.** Friends Of Lois Capps

Mailing Address PO Box 23940

City Santa Barbara State CA Zip Code 93121

Purpose of Disbursement

Candidate Name  
Rep. Lois Capps

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 23

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 21572804

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
09 / 20 / 2007

Amount of Each Disbursement this Period

5000.00

011  
Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional) .....

15000.00

**TOTAL** This Period (last page this line number only) .....